

FIG. 1B

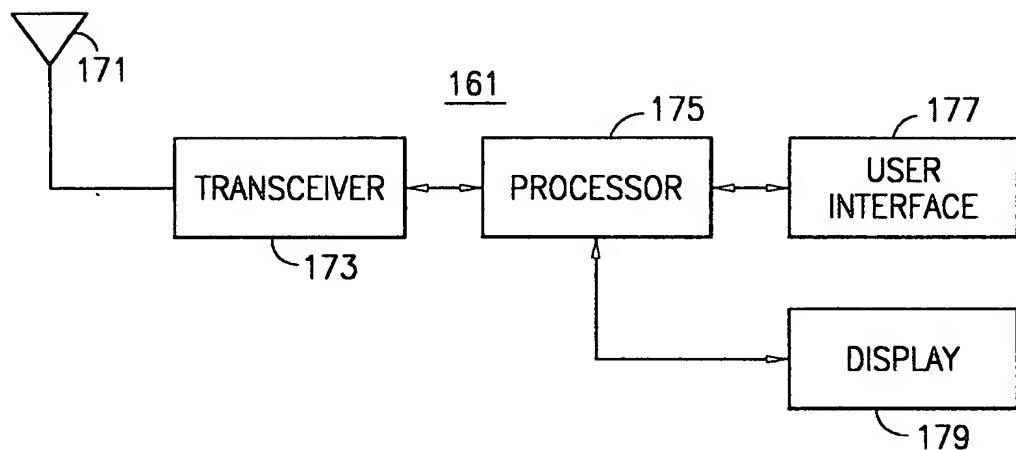
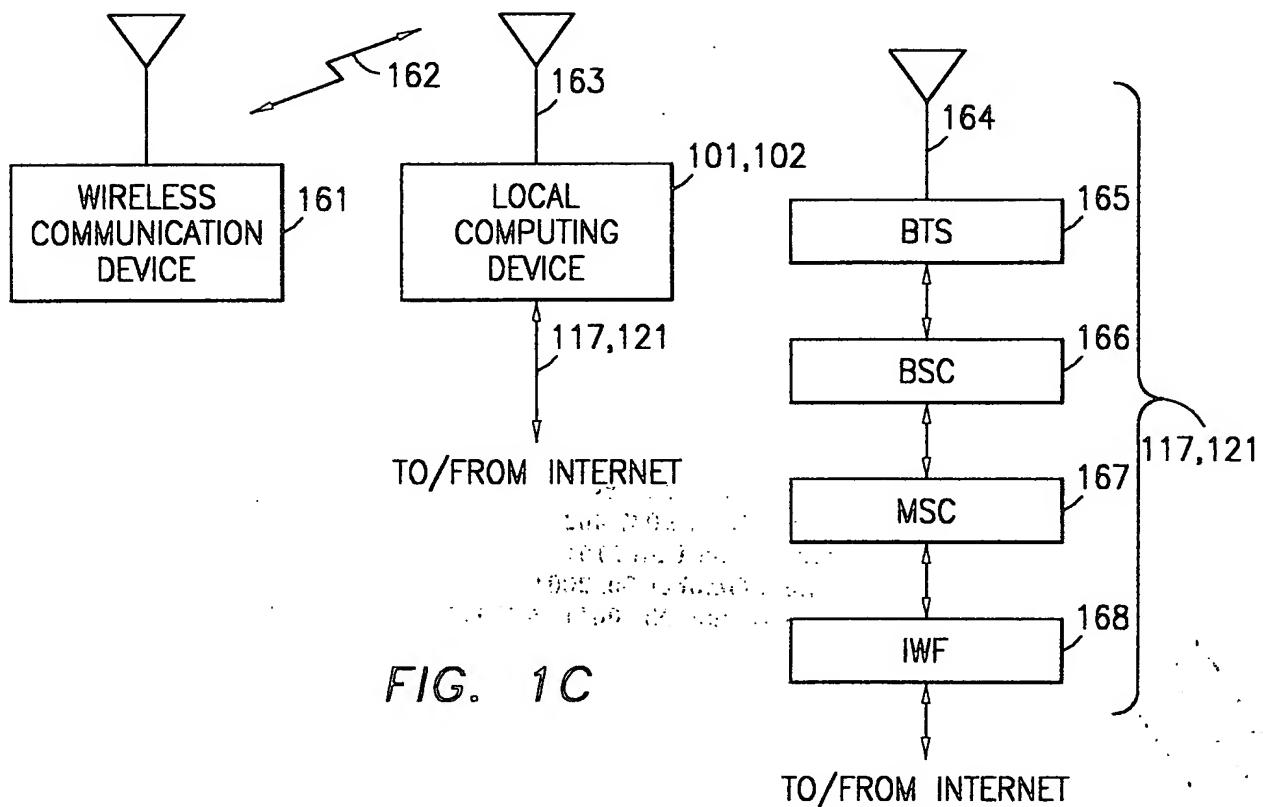


FIG. 1D

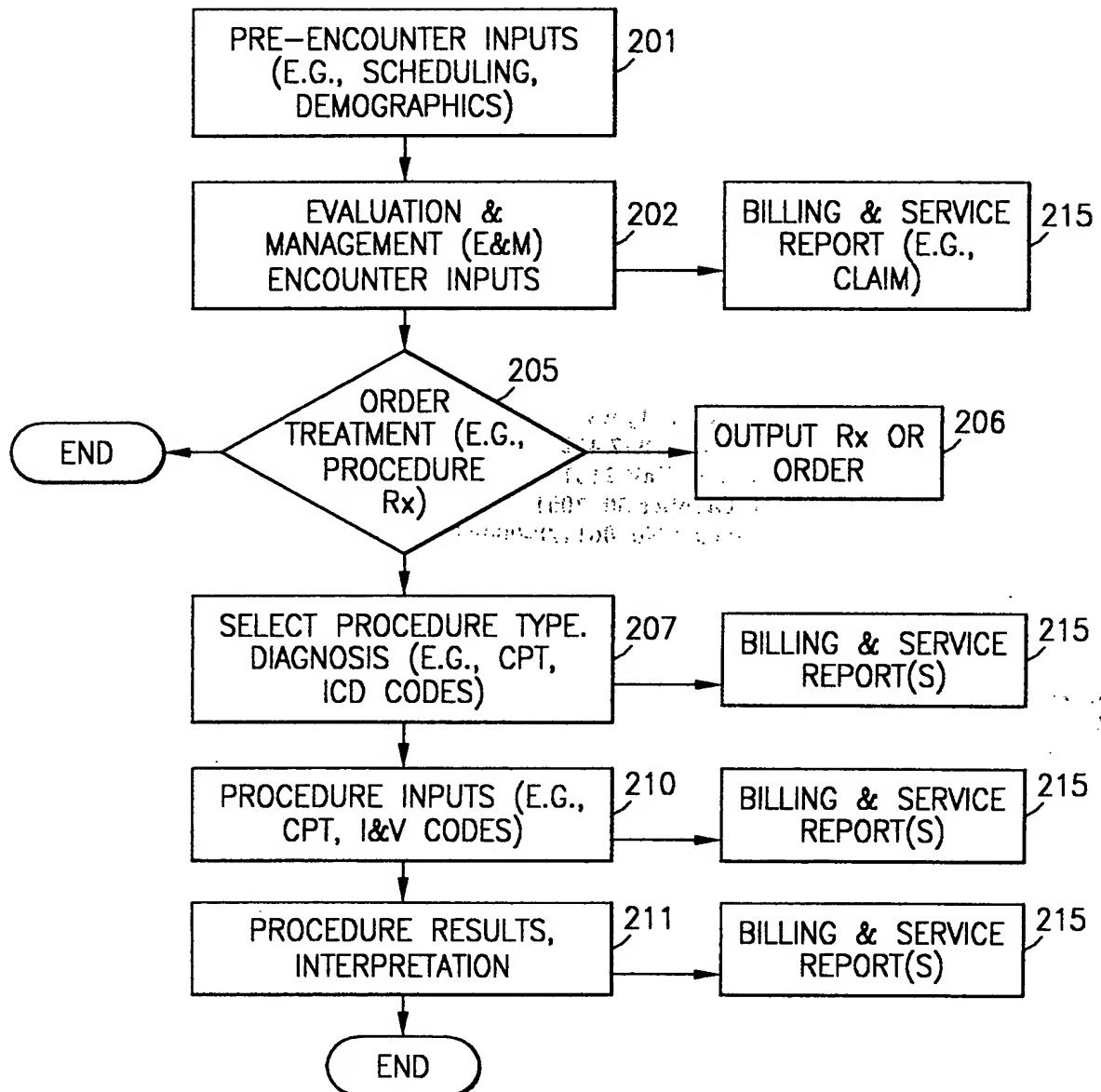
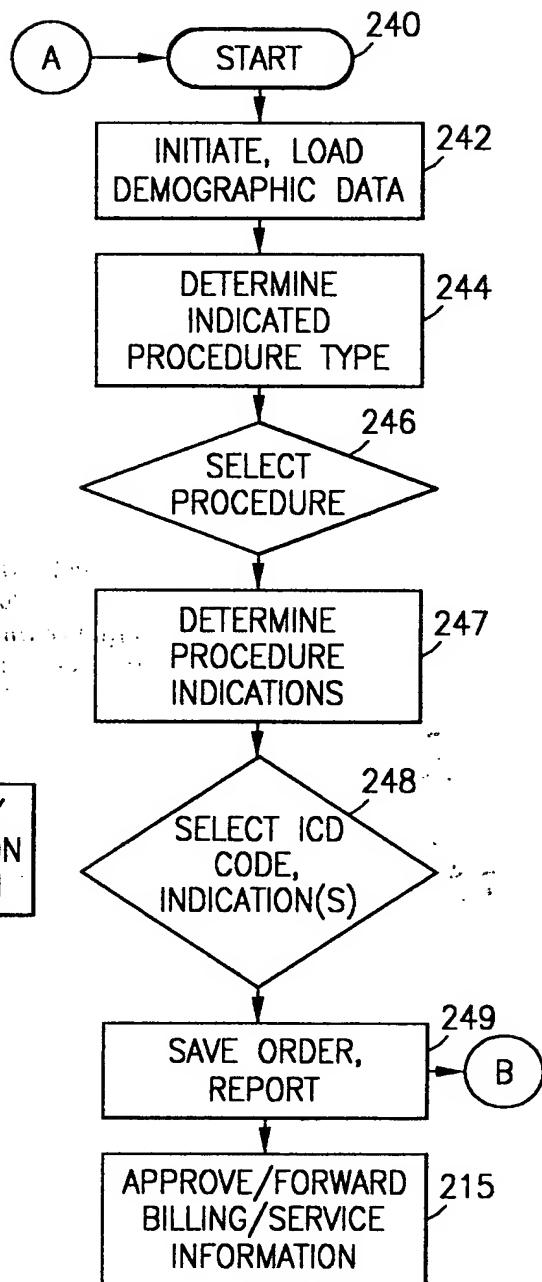
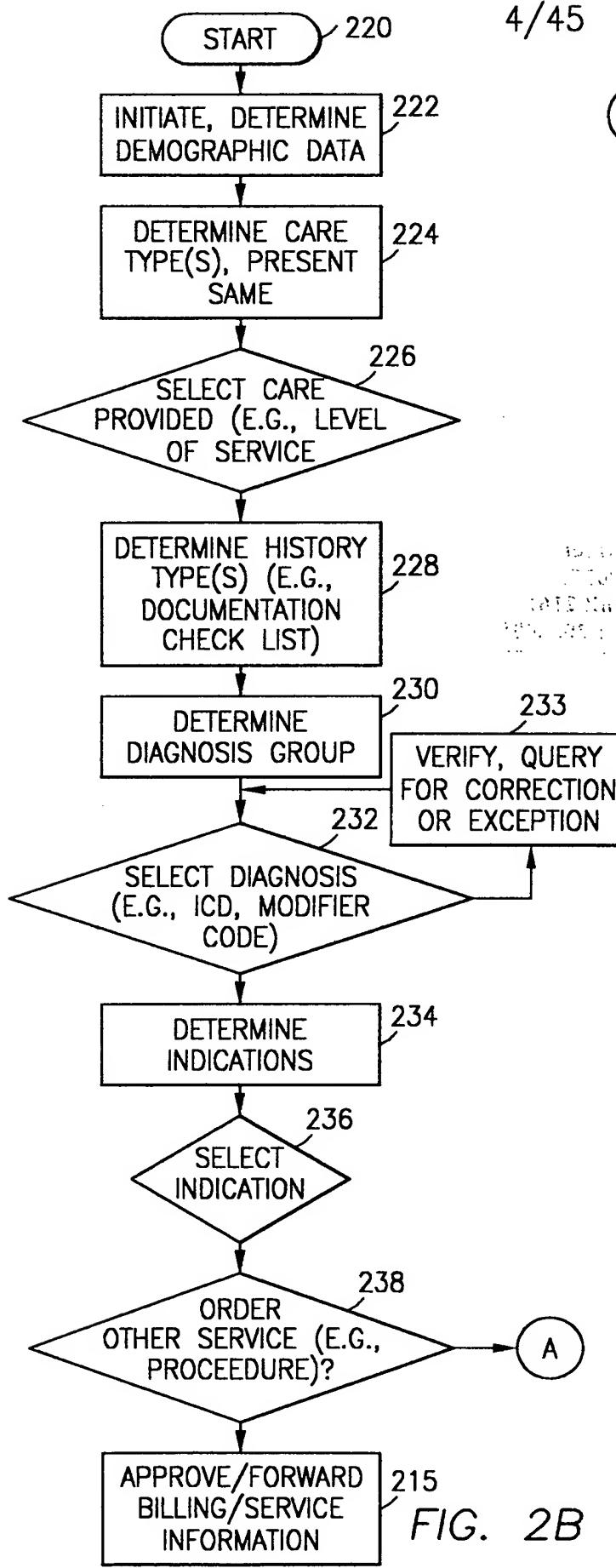


FIG. 2A



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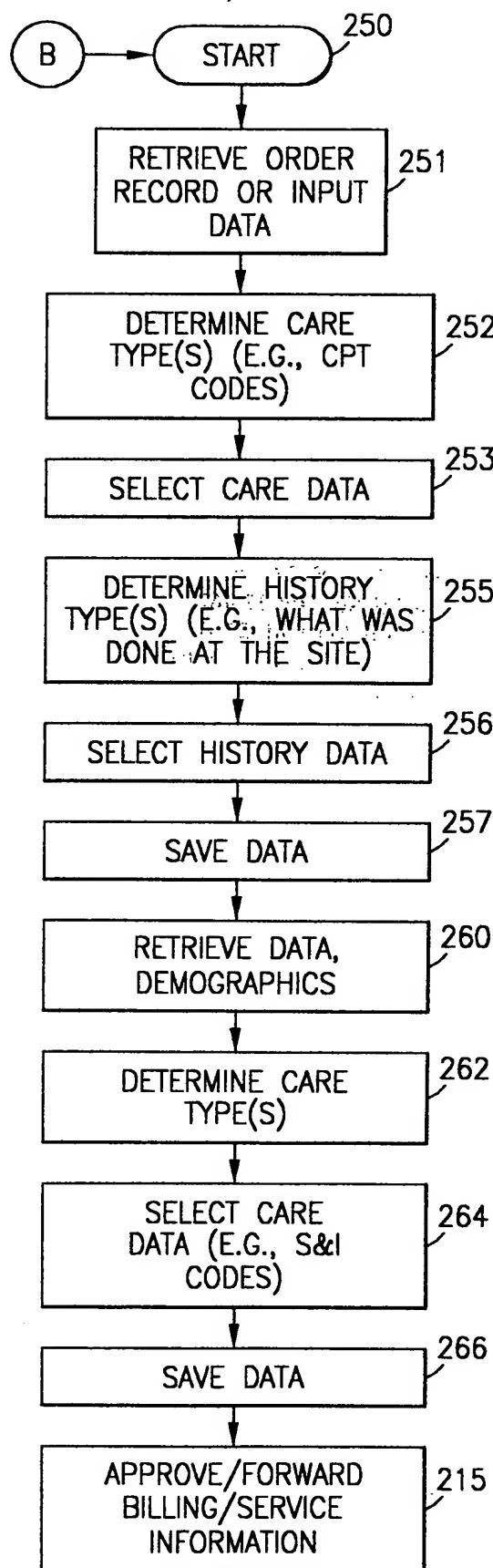


FIG. 2D

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout													
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Members >> Main Menu													
Select one of the following:													
<hr/>													
<ul style="list-style-type: none">➡ Patient Menu➡ Evaluation & Management (E/M) Menu 302➡ Procedure Menu — 303➡ Provider Menu➡ Carrier Menu➡ Claims Menu➡ Reports Menu➡ User Account Menu													

FIG. 3A

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> E&M >> Menu											
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
<p>Select one of the following:</p> <hr/> <ul style="list-style-type: none">⇒ Create New Encounter⇒ Find Existing Encounter(s) 306⇒ Back to Main Menu <hr/> <p><input type="button" value="Cancel"/> <input type="button" value="<< Prev"/></p>													

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FIG. 3B

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/>									
<input type="button" value="Patient"/>									
<input type="button" value="Encounter"/>									
<input type="button" value="Procedure"/>									
Members >> E&M >> Find									
Choose search type from the list, then select or type ? the search value									
<input type="radio"/> Show all currently scheduled encounters									
<input type="radio"/> Location of encounter: <input type="text" value="GEM Cardiac & Vascular"/>									
<input type="radio"/> Patient name: <input type="text" value="Edison, Thomas Alva"/>									
<input type="radio"/> Attending Physician name: <input type="text" value="Myers, Gene E, M.D."/>									
<input type="radio"/> Referring physician name: <input type="text" value="-search value-"/>									
<input type="radio"/> Date of Encounter (MM/DD/YYYY): <input type="text" value="From: []"/> <input type="text" value="To: []"/>									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>									

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FIG. 3C

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																																																
Login/Logout																																																																																									
Current values:																																																																																									
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Patient																																																																																									
Encounter																																																																																									
Procedure																																																																																									
Members >> E&M >> Demographics Select an encounter to view/edit details 																																																																																									
<table border="1"> <thead> <tr> <th>Patient</th> <th>Date</th> <th>Physician</th> <th>Referred by</th> <th>Location</th> </tr> </thead> <tbody> <tr><td>Balboa, Rocky</td><td>Jan 17 2001 10:02PM</td><td>Angelastro</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Bonaparte, Napoleon</td><td>Apr 27 2001 8:33PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>Jan 18 2001 11:50PM</td><td>Ackerman</td><td>Myers</td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>May 16 2001 5:01PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Differ, Trent</td><td>May 18 2001 12:11PM</td><td>Anderson</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 7 2001 3:00PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Dunn, Warrick S.</td><td>Jun 25 2001 3:48PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Edison, Thomas Alva</td><td>Apr 18 2001 2:50PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Edison, Thomas Alva</td><td>Jun 27 2001 3:48PM</td><td>Adams</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Lewis, Ray</td><td>Apr 18 2001 4:17PM</td><td>Badil</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Monster, Elmo R</td><td>Jan 24 2001 2:47PM</td><td>Adams</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>O'Brien, Conan X</td><td>Apr 18 2001 4:17PM</td><td>Andri</td><td></td><td>GEM Cardiac & Vascular</td></tr> <tr><td>Oppenheimer, Robert</td><td>May 21 2001 7:13PM</td><td>Myers</td><td></td><td>GEM Cardiac & Vascular</td></tr> </tbody> </table>										Patient	Date	Physician	Referred by	Location	Balboa, Rocky	Jan 17 2001 10:02PM	Angelastro		GEM Cardiac & Vascular	Bonaparte, Napoleon	Apr 27 2001 8:33PM	Myers		GEM Cardiac & Vascular	Differ, Trent	Jan 18 2001 11:50PM	Ackerman	Myers	GEM Cardiac & Vascular	Differ, Trent	May 16 2001 5:01PM	Myers		GEM Cardiac & Vascular	Differ, Trent	May 18 2001 12:11PM	Anderson		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 7 2001 3:00PM	Myers		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Dunn, Warrick S.	Jun 25 2001 3:48PM	Andri		GEM Cardiac & Vascular	Edison, Thomas Alva	Apr 18 2001 2:50PM	Andri		GEM Cardiac & Vascular	Edison, Thomas Alva	Jun 27 2001 3:48PM	Adams		GEM Cardiac & Vascular	Lewis, Ray	Apr 18 2001 4:17PM	Badil		GEM Cardiac & Vascular	Monster, Elmo R	Jan 24 2001 2:47PM	Adams		GEM Cardiac & Vascular	O'Brien, Conan X	Apr 18 2001 4:17PM	Andri		GEM Cardiac & Vascular	Oppenheimer, Robert	May 21 2001 7:13PM	Myers		GEM Cardiac & Vascular
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<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>																																																																																				

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FIG. 3D

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help

Login/Logout

Current values:

User Patient Encounter Procedure

Members >> E&M >> Demographics

Items marked in red are required ?

Select EM Code(s) Documentation Reset Form

Dilfer, Trent

Date and Time of Service:

Month Day Year Time
(dd) (yyyy) (hh:mm)

Jan ▼ 18 2001 11:59 AM
 PM

Chief complaint / Reason:
hangnail

Location of Service:
GEM Cardiac & Vascular ▼ Add

Rendering physician name:
Ackerman, Howard R. M.D. ▼ Add

Referring physician name:
Myers, Gene E. M.D. ▼ Add

Cancel << Prev Next >>

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FIG. 3E

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help

Login/Logout

Members >> E&M >> Office E/M

Current values:

User
Patient
Encounter
Procedure

Select the type and level of E/M service ?

Encounter Data Documentation Reset Form

Least Complex Most Complex

New Evaluation ?
NE 1 2 3 4 5 316

Return Office Visit ?
ROV 1 2 3 4 5

Prolonged Office Visit ?
POV Total time in minutes: 0-30

If prolonged services are being provided, select the total duration FIRST, then select the type and level of the original E&M service.

Office Consult ?
OC 1 2 3 4 5

Confirmatory (2nd Opinion) Consult ?
 Check here if consult required by third-party payor

CC 1 2 3 4 5

Cancel << Prev

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FIG. 3F

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>									

Members >> E&M >> E/M Checklist

The E/M level you have chosen requires documentation which meets or exceeds the criteria specified below

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Subjective		Documentation of history
CC – Chief Complaint: hangnail		
HPI – History of Present Illness		
# of Elements Required	Element	Presenting Problem Type
4–8 elements	<input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Quality <input checked="" type="checkbox"/> Severity <input checked="" type="checkbox"/> Duration <input checked="" type="checkbox"/> Timing <input checked="" type="checkbox"/> Content <input checked="" type="checkbox"/> Modifying Factors <input type="checkbox"/> Associated signs and symptoms	<input type="radio"/> Chronic w/ mild exacerbation, progression, or side effects of Rx OR <input type="radio"/> 2 or more stable chronic illness <input type="radio"/> Undiagnosed problem w/ uncertain prognosis <input type="radio"/> Acute w/ Systemic Sx <input type="radio"/> Acute complicated injury
ROS – Review of Systems		
# of Systems Required	System	
2–9 systems	<input checked="" type="checkbox"/> Constitutional <input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Ears, Nose, Mouth, Throat <input checked="" type="checkbox"/> Cardiovascular <input checked="" type="checkbox"/> Respiratory <input checked="" type="checkbox"/> Gastrointestinal <input checked="" type="checkbox"/> Genito-urinary <input checked="" type="checkbox"/> Integumentary <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Neurological <input checked="" type="checkbox"/> Hematologic/Lymphatic <input checked="" type="checkbox"/> Endocrine <input checked="" type="checkbox"/> Allergic/Immunologic <input checked="" type="checkbox"/> Psychiatric <input checked="" type="checkbox"/> All Others Negative	

FIG. 3G

to 3H

to 3H

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PFSH - Past/Family/Social History

# of Elements Required	Element
Any 1	<input checked="" type="checkbox"/> Past History
	<input checked="" type="checkbox"/> Family History
	<input checked="" type="checkbox"/> Social History

Objective

Physical Exam



321

Select the type of examination first. A new window will open displaying the checklist for the selected exam type. When you have finished the checklist, you will be returned to this window to complete the documentation requirements step.

● Multi-system Exam

Single Organ System (complete):

- Cardiovascular
- Eyes
- GU (female)
- GU (male)
- Hemo/Lymph
- MS
- Neuro
- Psych
- Resp
- Skin

Show Exam Checklist

Assessment

Assessment



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to 31

to 31

FIG. 3H

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Add diagnosis code(s) using the button provided. You may also add notes in this field.

Add diagnosis code(s)

323

P

325

Medical Decision Making



The highest level of risk in any one category determines the overall complexity of the Medical Decision Making component. The risk associated with the selected level of E/M service must meet or exceed that of at least one of the following three sets of examples:

Data Review / D Dx

- Limited medical records review regarding self-limited chronic problem was performed.

Severity / Urgency / Potential Complications

- The patient has been counseled regarding the low probability of complications and the need to follow instructions on an elective basis.

Management Options

Rx Plan

- Over-the-counter drugs/minimal risk drugs
- P.T. (rest, exercise, stress management)
- O.T.
- IV fluids w/o additives
- Minor surgery with no identified risk factors
- Referrals: can not require detailed discussion/detailed care plan

Dx Procedures

- Non-invasive diagnosis test

Peripheral Ultrasound

- Carotid duplex
- U.E. Duplex
- L.E. Duplex
- Abdo - AO Duplex
- Renal Artery duplex
- Venous duplex

Echocardiography

- TTE - noncongenital
- TTE - congenital
- TEE - noncongenital
- TEE - congenital

EKG

CXR

- Physiological test not under stress

L.E. pressures

U.E. segmental pressures

ABI

VRP

to 3J

to 3J

FIG. 31

- Holter monitor
- Loop monitor
- Event monitor
- ABG
- Lab Test
 - UA
 - Venipuncture
 - AMA-approved panels
 - Specialty panels
 - Prevention Heart Labs, Inc.
 - GGE
 - NMR
 - Thrombocare
 - Individual test
 - Skin biopsy
 - Superficial needle biopsy
 - Non CV Imaging studies w/o IV contrast
 - UGI
 - BAE
 - Long GI follow through

Documentation Based on Time



If counseling and/or coordination of care dominates (>50%) the encounter, time may be used to determine the level of service. Documentation may include: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider

Typical time (minutes) for this level: 30

[Cancel](#)

[<< Prev](#)

[Next >>](#)

FIG. 3J

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> E&M >> Encounter Summary							
Encounter data summary									
?									
Save Encounter → 329									
Patient name: Dilfer, Trent									
Date: 1/18/2001 11:59 PM									
Location of service: GEM Cardiac & Vascular									
Physician name: Ackerman, Howard R, M.D.									
Chief complaint: hangnail									
Service Code: NE3									
CPT Service Code: 99203									
Diagnosis Code(s):									
Status Code: S									
Cancel << Prev									

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FIG. 3K

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout													
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Encounter record has been updated. Members >> E&M >> Menu													
Select one of the following:													
<hr/> <ul style="list-style-type: none">⇒ Create New Encounter⇒ Edit Current Encounter⇒ Find Existing Encounter(s)⇒ Back to Main Menu <hr/>													
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>								

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Menu							
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select one of the following: <hr/> <ul style="list-style-type: none"> ➡ Order New Procedure(s) 332 ➡ Edit Current Procedure ➡ Find Existing Procedure(s) ➡ Back to Main Menu <hr/> <div style="display: flex; justify-content: space-around;"> <input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> </div>							

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FIG. 3M

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 332
 333

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																
Login/Logout	Members >> Procedure >> Demographics																								
Current values:																									
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure												
User																									
Patient																									
Encounter																									
Procedure																									
Items marked in red are required																									
<p>Patient name:</p> <input style="width: 200px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value="Edison, Thomas Alva"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Add"/>																									
<p>Date and Time of Service:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Time</td> <td>(dd) (yyyy)</td> <td>(hh:mm)</td> <td><input checked="" type="radio"/> AM</td> <td><input type="radio"/> PM</td> </tr> <tr> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="Aug"/></td> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="20"/></td> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2001"/></td> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="9:06"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Month	Day	Year	Time	(dd) (yyyy)	(hh:mm)	<input checked="" type="radio"/> AM	<input type="radio"/> PM	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="Aug"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="20"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2001"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="9:06"/>				
Month	Day	Year	Time	(dd) (yyyy)	(hh:mm)	<input checked="" type="radio"/> AM	<input type="radio"/> PM																		
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="Aug"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="20"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="2001"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text" value="9:06"/>																						
<p>Location of Service:</p> <input style="width: 200px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value="GEM Cardiac & Vascular"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Add"/>																									
<p>Attending physician name:</p> <input style="width: 200px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value="Myers, Gene E. M.D."/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Add"/>																									
<p>Referring physician name:</p> <input style="width: 200px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value="—select provider—"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Add"/>																									
<p>Third-party supplier name:</p> <input style="width: 200px; height: 20px; border: 1px solid black; margin-right: 10px;" type="text" value="—select provider—"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Add"/>																									
<input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Cancel"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="<< Prev"/> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value="Next >>"/>																									

FIG. 3N

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Menu											
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select one of the following: 													
<hr/> <p>► Non-Invasive Procedures → 336</p> <p>► Invasive Procedures</p> <hr/>													
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>								

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FIG. 30

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Noninvasive >> Menu							
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select one of the following: <div style="text-align: right;">?</div> <hr/> <ul style="list-style-type: none"> ➡ Cardiac Ultrasound (Echocardiography) ➡ Peripheral Vascular Ultrasound 339 ➡ Pacemaker / AICD ➡ Nuclear Medicine ➡ Stress Testing ➡ ECG / SAEKG / Monitoring ➡ Chest X-Ray (CXR) ➡ Enhanced External Counterpulsation (EECP) <hr/> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> </div>							

FIG. 3P

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Noninvasive >> Echo >> Menu											
Current values:													
<table border="1"><tr><td>User</td></tr><tr><td>Patient</td></tr><tr><td>Encounter</td></tr><tr><td>Procedure</td></tr></table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select one of the following: ? <hr/>													
<ul style="list-style-type: none">➡ Transthoracic (TTE) — 342➡ Transesophageal (TEE)➡ Stress Echo➡ Ultrasonic Guidance <hr/>													
<input type="button" value="Cancel"/>					<input type="button" value="<< Prev"/>								

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FIG. 3Q

Transthoracic Echocardiogram
Transesophageal Echocardiogram
Stress Echocardiogram
Ultrasonic Guidance

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Noninvasive >> Echo >> Transthoracic (TTE)							
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select procedure(s) <input type="button" value="Show Packages"/> <input type="button" value="Create Package"/> <input type="button" value="Reset Form"/>							
TTE (Non-congenital) Transthoracic echocardiography (TTE), real-time 2D image documentation, with or without M-mode recording									
<input checked="" type="checkbox"/> COMPLETE study 346 93307 <input type="checkbox"/> followup or limited study 93308									
TTE (Congenital) Transthoracic echocardiography (TTE), for congenital cardiac anomalies, real-time 2D image documentation, with or without M-mode recording									
<input checked="" type="checkbox"/> COMPLETE study 93303 <input type="checkbox"/> followup or limited study 93304									
Doppler Echocardiography Doppler echocardiography, pulsed wave and/or continuous wave with spectral display									
<input checked="" type="checkbox"/> COMPLETE study 93320 <input type="checkbox"/> Limited study 93321 <input type="checkbox"/> Add color flow velocity mapping 93325									
<input type="button" value="Cancel"/>		<input type="button" value="<< Prev"/>				<input type="button" value="Next >>"/>			

FIG. 3R

345

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout	Members >> Procedure >> Order Package								
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>									
Select a package <input style="float: right;" type="button" value="?"/>									
<input type="button" value="Show Codes"/> <input type="button" value="Reset Form"/>									
Complete 2D Only <input style="float: right;" type="button" value="Delete"/>									
<input checked="" type="radio"/> <input type="text" value="TTE - Complete"/> <input style="float: right;" type="button" value="93207"/>									
Complete 2D w/ Color Flow <input style="float: right;" type="button" value="Delete"/>									
<input checked="" type="radio"/> <input type="text" value="TTE - Complete"/> <input style="float: right;" type="button" value="93307"/> <input type="text" value="Doppler Echo - Complete"/> <input style="float: right;" type="button" value="93320"/> <input type="text" value="Doppler Echo - w/color flow"/> <input style="float: right;" type="button" value="93325"/>									
Complete 2D w/o Color Flow <input style="float: right;" type="button" value="Delete"/>									
<input checked="" type="radio"/> <input type="text" value="TTE - Complete"/> <input style="float: right;" type="button" value="93307"/> <input type="text" value="Doppler Echo - Complete"/> <input style="float: right;" type="button" value="93320"/>									
Followup/Limited 2D Only <input style="float: right;" type="button" value="Delete"/>									
<input checked="" type="radio"/> <input type="text" value="TTE - Followup/limited study"/> <input style="float: right;" type="button" value="93306"/>									
Followup/Limited 2D w/o Color Flow <input style="float: right;" type="button" value="Delete"/>									
<input checked="" type="radio"/> <input type="text" value="TTE - Followup/limited study"/> <input style="float: right;" type="button" value="93308"/> <input type="text" value="Doppler Echo - followup/limited"/> <input style="float: right;" type="button" value="93321"/>									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>									

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FIG. 3S

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout		Members >> Procedure >> Diagnosis Groups							
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>		Select diagnosis group: ?							
<input type="button" value="Show All Groups"/> <input type="button" value="Show Medicare Groups"/> <input type="button" value="Expand All"/> <input type="button" value="Collapse"/>									
<ul style="list-style-type: none"> <input type="checkbox"/> CHF <input type="checkbox"/> Symptoms & Signs <input type="checkbox"/> Coronary Artery Disease (CAD) <input type="checkbox"/> Hypertension / Hypotension <input type="checkbox"/> Pericardial Disease <input type="checkbox"/> Myocarditis <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Peripheral Artery / Vein / Lymphatic Disease <input type="checkbox"/> Myocardial Infarction (Acute/Remote) <input type="checkbox"/> Card. and Vasc. Surg.: Complications/Followup <input type="checkbox"/> Pulmonary Circulatory Disorders <input type="checkbox"/> Endocarditis <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Transplant Heart and/or Valve <input type="checkbox"/> Abnormal EKG <input type="checkbox"/> Procedure Induced Cardiac & Vascular Complications <input type="checkbox"/> Tumors of Heart / Great Vessels <input type="checkbox"/> Poisoning by Drugs, Medicinal, and Biological Substances (overdose / wrong substance given) <input type="checkbox"/> Trauma of Heart <input type="checkbox"/> Endocrinology <input type="checkbox"/> Followup 									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/>									

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FIG. 3T

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		Members >> Procedure >> Diagnosis Groups											
Current values:													
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select diagnosis group: <input type="button" value="Show All Groups"/> <input type="button" value="Show Medicare Groups"/> <input type="button" value="Expand All"/> <input type="button" value="Collapse"/>													
<p><input type="checkbox"/> Pericardial Disease</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pericardial Signs & Sx <input type="checkbox"/> Acute Pericarditis & Effusion <input type="checkbox"/> Infective <ul style="list-style-type: none"> <input type="checkbox"/> Viral <input type="checkbox"/> Bacterial <input type="checkbox"/> Parasitic <input type="checkbox"/> Fungal <input type="checkbox"/> Rickettsial <input type="checkbox"/> Non-Infective <ul style="list-style-type: none"> <input type="checkbox"/> Idiopathic <input type="checkbox"/> Drug Induced <input type="checkbox"/> Systemic diseases <input type="checkbox"/> Collagen diseases <input type="checkbox"/> Chronic pericardial disease <input type="checkbox"/> Pus, blood, and air in pericardium <input type="checkbox"/> Cysts, diverticulae, fistulas/foramen, congenital disease <input type="checkbox"/> Trauma <ul style="list-style-type: none"> <input type="checkbox"/> Blunt trauma <input type="checkbox"/> Penetrating trauma <input type="checkbox"/> Procedure-related 													
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/>													

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FIG. 3U

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help																																																									
Login/Logout		Members >> Procedure >> Diagnosis Codes																																																																
Current values:																																																																		
<input checked="" type="checkbox"/> User <input type="checkbox"/> Patient <input type="checkbox"/> Encounter <input type="checkbox"/> Procedure		Select diagnosis code(s) ?																																																																
		<input type="button" value="Show All Codes"/>			<input type="button" value="Show Medicare Codes"/>		<input type="button" value="Reset Form"/>																																																											
Bacterial ?																																																																		
<table border="0"> <tbody> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> septic</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> rheumatic</td> <td style="text-align: right;">391.0</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> gonococcal</td> <td style="text-align: right;">098.63</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> meningococcal</td> <td style="text-align: right;">038.41</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> syphilitic</td> <td style="text-align: right;">093.81</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> tularemia</td> <td style="text-align: right;">420.0, 021.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> pneumococcal</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> staphylococcal</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> streptococcal</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> hemophylus influenzae</td> <td style="text-align: right;">420.0, 041.5</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> psittacosis</td> <td style="text-align: right;">420.0, 073.7</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> salmonella</td> <td style="text-align: right;">420.0, 003.84</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> TBC</td> <td style="text-align: right;">420.0, 017.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> leptospiral</td> <td style="text-align: right;">420.0, 100.9</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> pseudomonas</td> <td style="text-align: right;">420.0, 041.7</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> klebsiella</td> <td style="text-align: right;">420.0, 482.0</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> E.Coli</td> <td style="text-align: right;">420.0, 041.4</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> purulent</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="radio"/> <input checked="" type="radio"/> suppurative</td> <td style="text-align: right;">420.99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										<input checked="" type="radio"/> <input checked="" type="radio"/> septic	420.99	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> rheumatic	391.0	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> gonococcal	098.63	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> meningococcal	038.41	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> syphilitic	093.81	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> tularemia	420.0, 021.9	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> pneumococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> staphylococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> streptococcal	420.99	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> hemophylus influenzae	420.0, 041.5	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> psittacosis	420.0, 073.7	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> salmonella	420.0, 003.84	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> TBC	420.0, 017.9	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> leptospiral	420.0, 100.9	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> pseudomonas	420.0, 041.7	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> klebsiella	420.0, 482.0	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> E.Coli	420.0, 041.4	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> purulent	420.99	<input type="checkbox"/>	<input checked="" type="radio"/> <input checked="" type="radio"/> suppurative	420.99	<input type="checkbox"/>
<input checked="" type="radio"/> <input checked="" type="radio"/> septic	420.99	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> rheumatic	391.0	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> gonococcal	098.63	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> meningococcal	038.41	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> syphilitic	093.81	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> tularemia	420.0, 021.9	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> pneumococcal	420.99	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> staphylococcal	420.99	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> streptococcal	420.99	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> hemophylus influenzae	420.0, 041.5	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> psittacosis	420.0, 073.7	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> salmonella	420.0, 003.84	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> TBC	420.0, 017.9	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> leptospiral	420.0, 100.9	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> pseudomonas	420.0, 041.7	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> klebsiella	420.0, 482.0	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> E.Coli	420.0, 041.4	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> purulent	420.99	<input type="checkbox"/>																																																																
<input checked="" type="radio"/> <input checked="" type="radio"/> suppurative	420.99	<input type="checkbox"/>																																																																
361																																																																		
362																																																																		
		<input type="button" value="Cancel"/>			<input type="button" value="<< Prev"/>		<input type="button" value="Next >>"/>																																																											

FIG. 3V

360

Diagnosis details:

Acute hemophylus influenza pericarditis

366

pericardial effusion

pericarditis and pericardial effusion

Cancel

OK

365

FIG. 3W

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help				
Login/Logout		ABN required: Procedure 93350 not supported by diagnosis 420.99 Members >> Procedure >> Indications											
Current values:													
<table border="1"> <tr><td>User</td></tr> <tr><td>Patient</td></tr> <tr><td>Encounter</td></tr> <tr><td>Procedure</td></tr> </table>										User	Patient	Encounter	Procedure
User													
Patient													
Encounter													
Procedure													
Select indications(s)													
Indications for Stress Echocardiography													
<ul style="list-style-type: none"> <input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat <input checked="" type="checkbox"/> The patient has <input checked="" type="radio"/> an abnormal standard exercise test and stress echocardiograph <input checked="" type="radio"/> a non-diagnostic <input type="checkbox"/> The patient has symptoms which require further investigation via stress testing and pat <input type="checkbox"/> The patient has <input checked="" type="radio"/> a cardiac condition which would interfere with interpretation of <input checked="" type="radio"/> mitral valve prolapse <input checked="" type="radio"/> anatomical abnormality <input type="checkbox"/> The patient has confirmed <input checked="" type="radio"/> CAD and stress echocardiography is necessary to evalu <input checked="" type="radio"/> CHF 													
Cancel													

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FIG. 3X

Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/> <input type="button" value="Patient"/> <input type="button" value="Encounter"/> <input type="button" value="Procedure"/>									
Members >> Procedure >> ABN An ABN is REQUIRED for this procedure <input style="float: right;" type="button" value="?"/>									
<input type="button" value="Print ABN Form"/>									
Patient name: Edison, Thomas Alva Date: 8/20/2001 9:05 Location of service: GEM Cardiac & Vascular Physician name: Myers, Gene E, M.D. Referring physician: Procedure(s) ordered: 93350 TTE - Stress echo Diagnosis Code(s): 420.99 acute staphylococcal pericarditis Indication(s):									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/> <input type="button" value="Next >>"/>									

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FIG. 3Y

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Main User Patient E/M Procedure Provider Carrier Claims Reports Help	<p>Members >> Procedure >> Order Summary</p> <h2>Procedure order(s) summary</h2> <hr/> <div style="text-align: right;"> <input style="margin-right: 10px;" type="button" value="Save this order"/> 377 ? </div> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px; background-color: #f0f0f0;">User</td> <td style="width: 15%; padding: 5px; background-color: #f0f0f0;">Patient</td> <td style="width: 15%; padding: 5px; background-color: #f0f0f0;">Encounter</td> <td style="width: 15%; padding: 5px; background-color: #f0f0f0;">Procedure</td> </tr> </table> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center; padding: 5px;">Patient name:</td> <td style="width: 70%; padding: 5px;">Edison, Thomas Alva</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Date:</td> <td style="width: 70%; padding: 5px;">8/20/2001 9:05</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Location of service:</td> <td style="width: 70%; padding: 5px;">GEM Cardiac & Vascular</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Physician name:</td> <td style="width: 70%; padding: 5px;">Myers, Gene E, M.D.</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Referring physician:</td> <td style="width: 70%; padding: 5px;"></td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Procedure(s) ordered:</td> <td style="width: 70%; padding: 5px;">93350 TTE - Stress echo</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Diagnosis Code(s):</td> <td style="width: 70%; padding: 5px;">420.99 acute staphylococcal pericarditis</td> </tr> <tr> <td></td> <td style="width: 15%; text-align: center; padding: 5px;">Indication(s):</td> <td style="width: 70%; padding: 5px;"></td> </tr> </table> <hr/> <div style="text-align: center; margin-top: 10px;"> <input style="margin-right: 20px;" type="button" value="Cancel"/> <input type="button" value="<< Prev"/> </div>	User	Patient	Encounter	Procedure		Patient name:	Edison, Thomas Alva		Date:	8/20/2001 9:05		Location of service:	GEM Cardiac & Vascular		Physician name:	Myers, Gene E, M.D.		Referring physician:			Procedure(s) ordered:	93350 TTE - Stress echo		Diagnosis Code(s):	420.99 acute staphylococcal pericarditis		Indication(s):	
User	Patient	Encounter	Procedure																										
	Patient name:	Edison, Thomas Alva																											
	Date:	8/20/2001 9:05																											
	Location of service:	GEM Cardiac & Vascular																											
	Physician name:	Myers, Gene E, M.D.																											
	Referring physician:																												
	Procedure(s) ordered:	93350 TTE - Stress echo																											
	Diagnosis Code(s):	420.99 acute staphylococcal pericarditis																											
	Indication(s):																												

FIG. 3Z

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Main	User	Patient	E/M	Procedure	Provider	Carrier	Claims	Reports	Help
Login/Logout									
Current values:									
<input type="button" value="User"/>									
<input type="button" value="Patient"/>									
<input type="button" value="Encounter"/>									
<input type="button" value="Procedure"/>									
Procedure order has been saved Members >> Procedure >> Menu									
Select one of the following: <input style="float: right;" type="button" value="?"/>									
<hr/> <ul style="list-style-type: none">➡ Order New Procedure(s) —— 379➡ Edit Current Procedure➡ Find Existing Procedure(s)➡ Back to Main Menu —— 380 <hr/>									
<input type="button" value="Cancel"/> <input type="button" value="<< Prev"/>									

378

FIG. 3AA

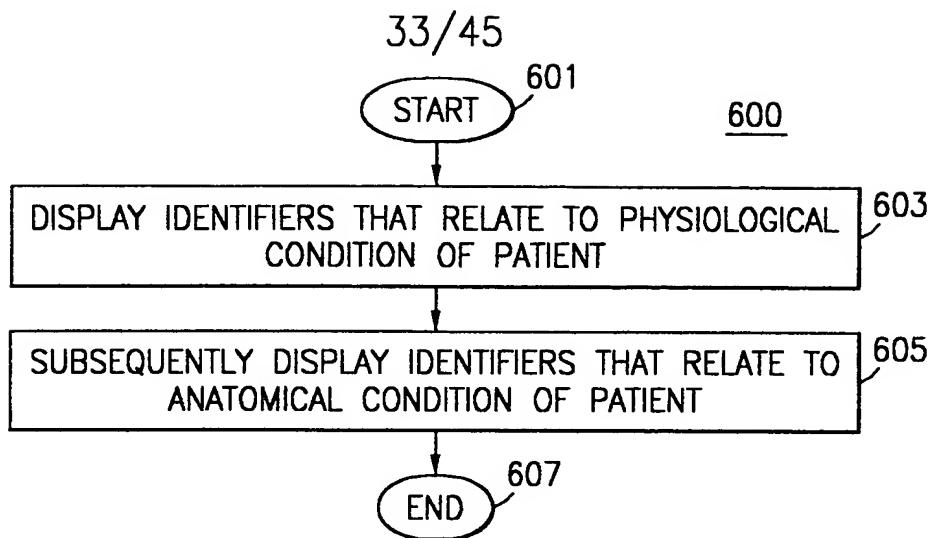
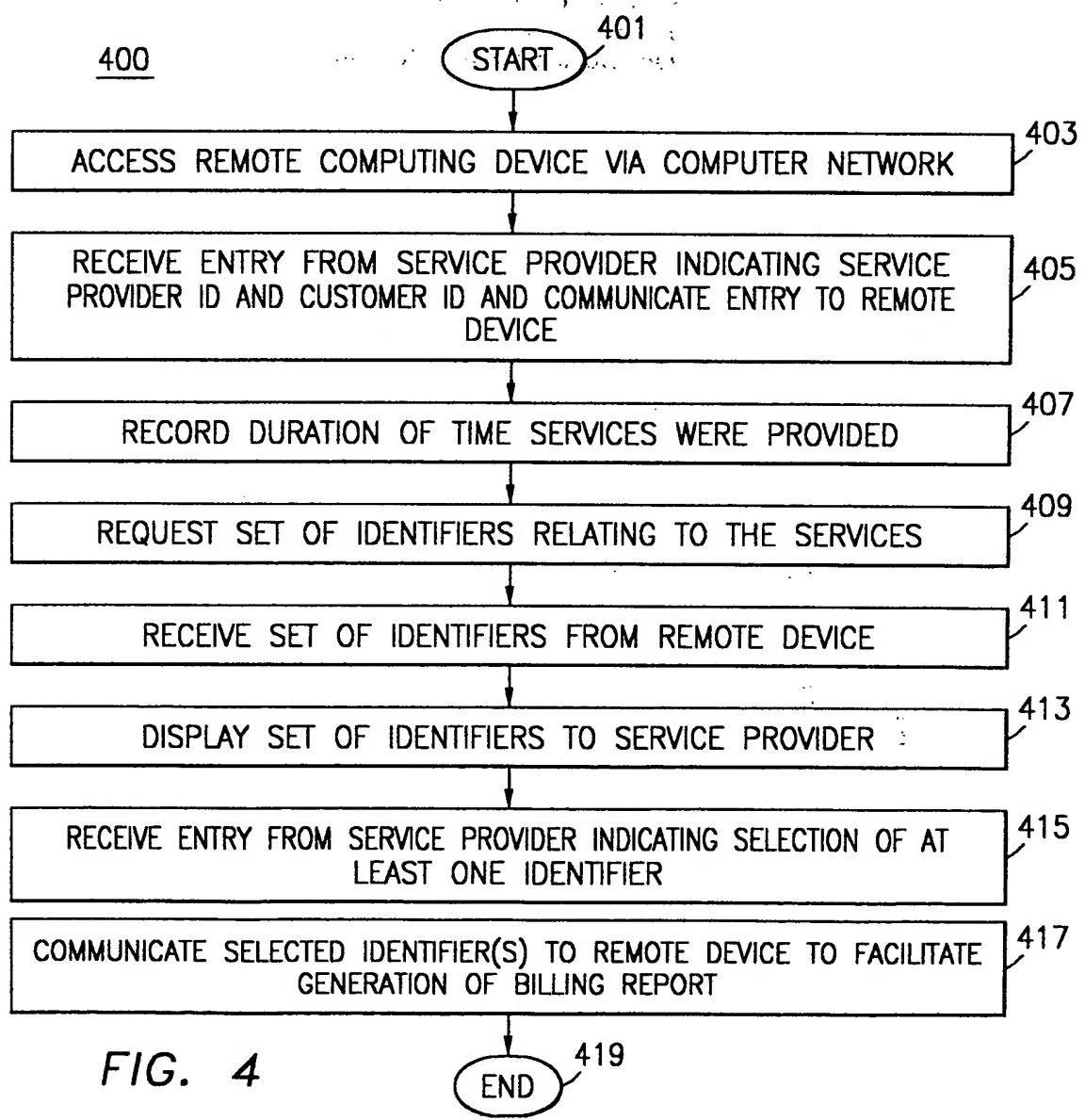


FIG. 6



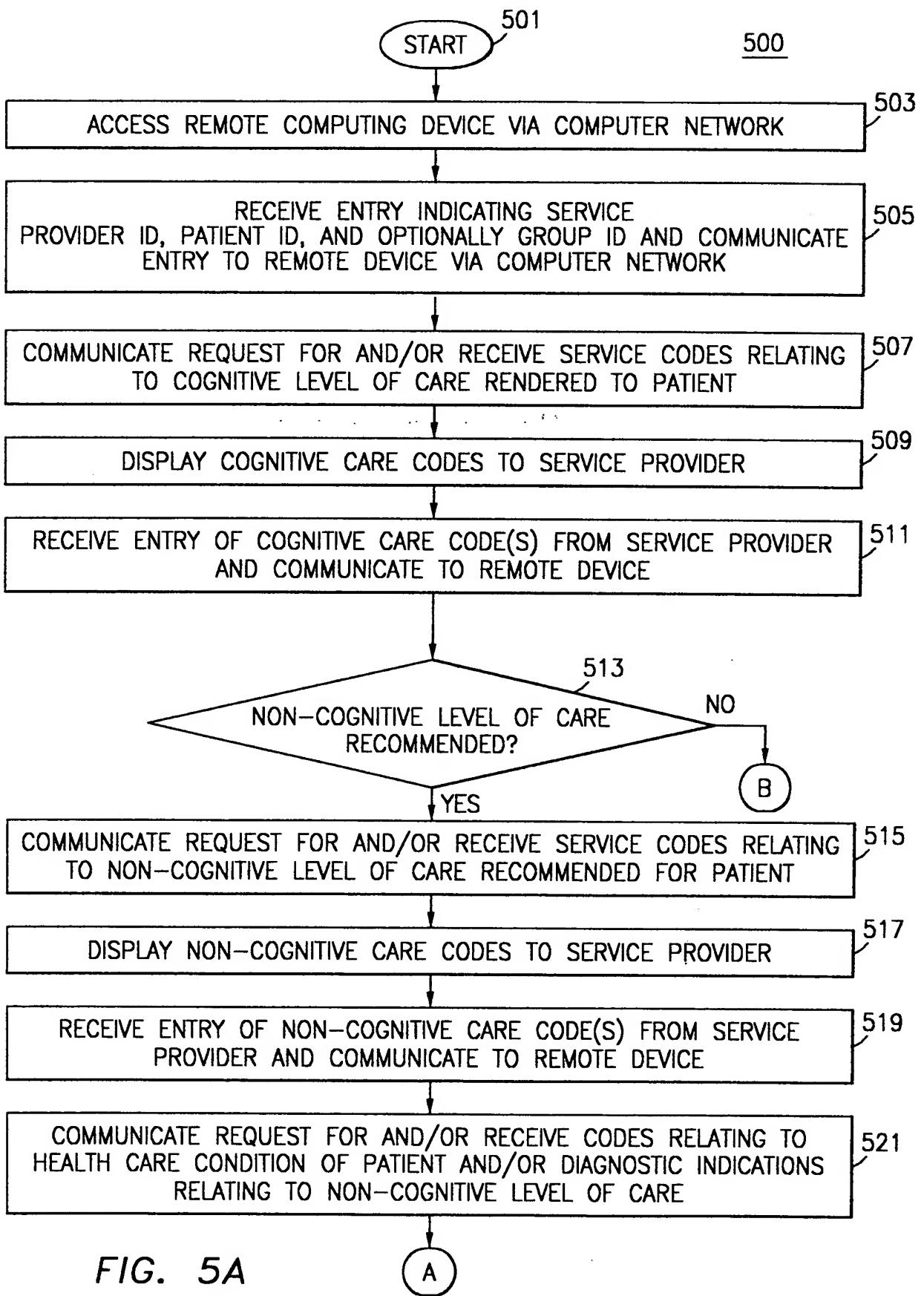


FIG. 5A

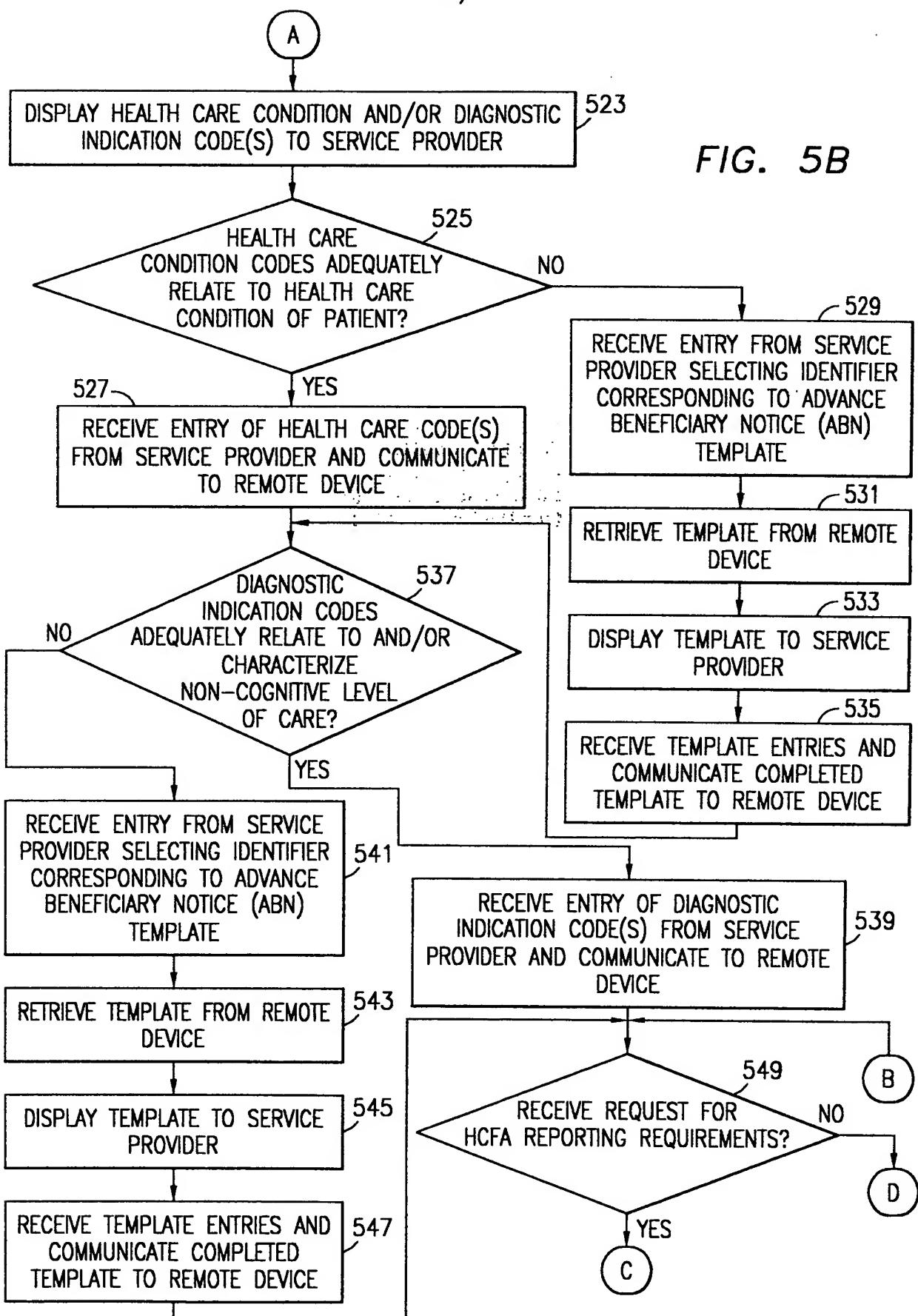


FIG. 5B

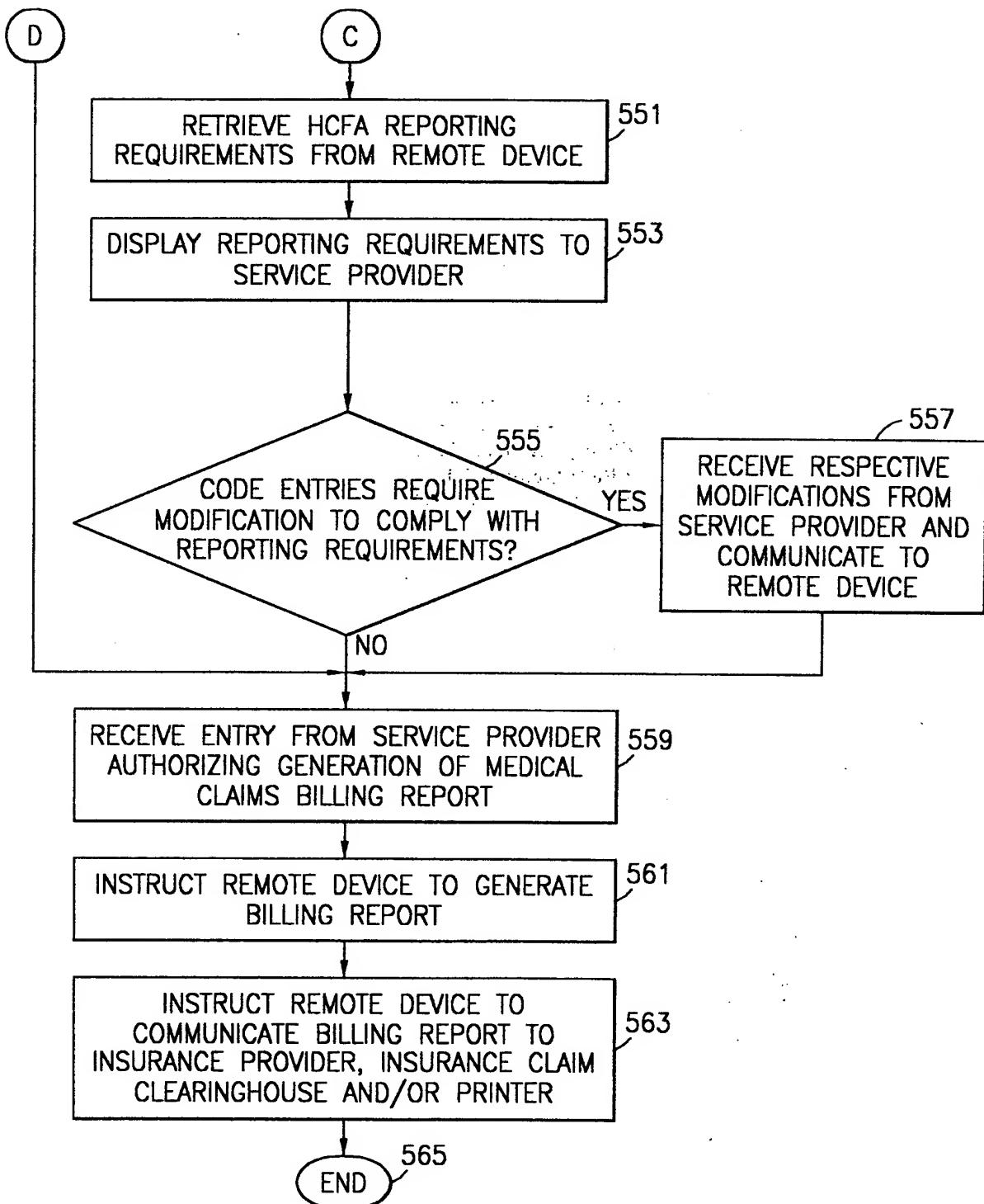


FIG. 5C

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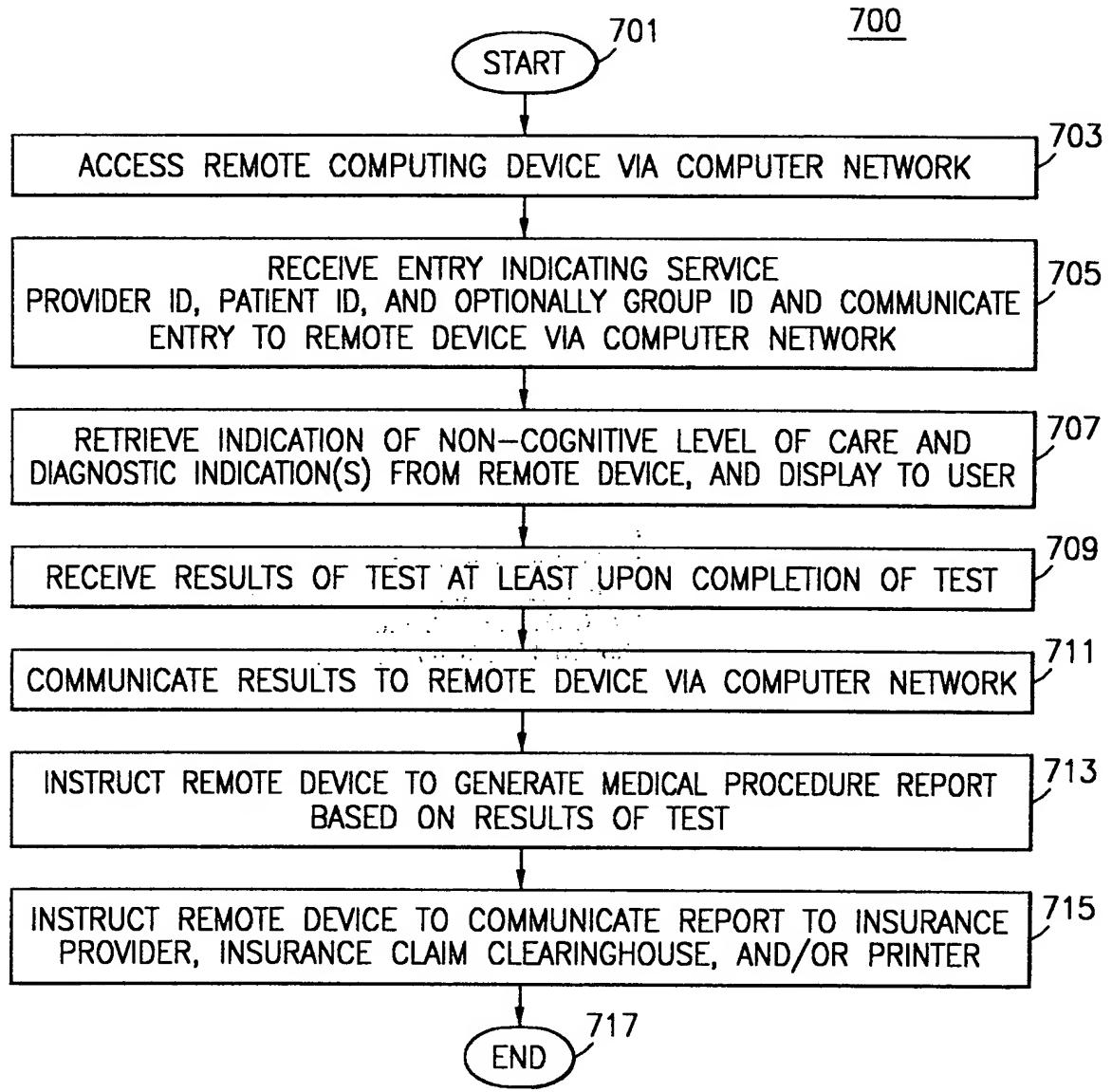


FIG. 7

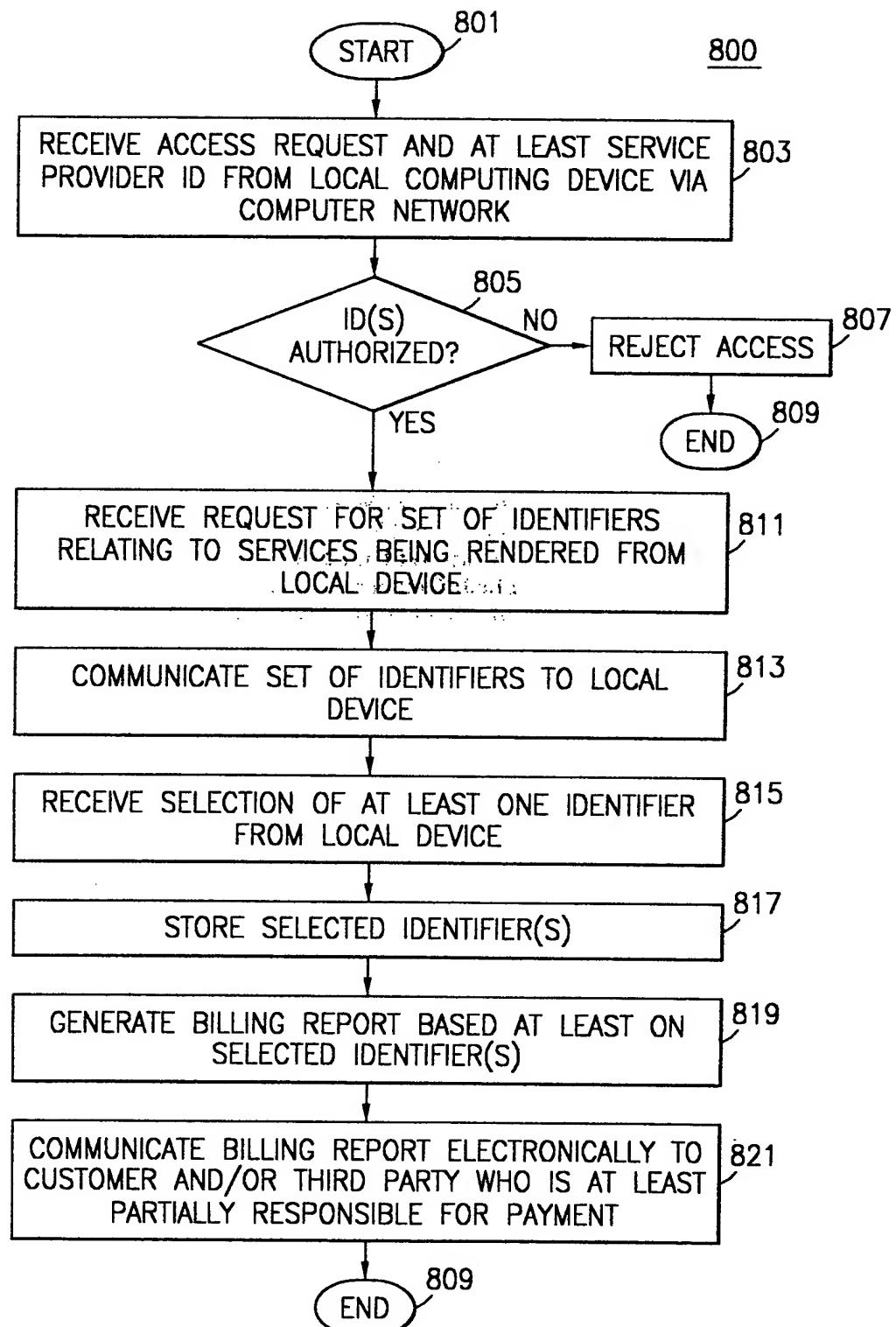


FIG. 8

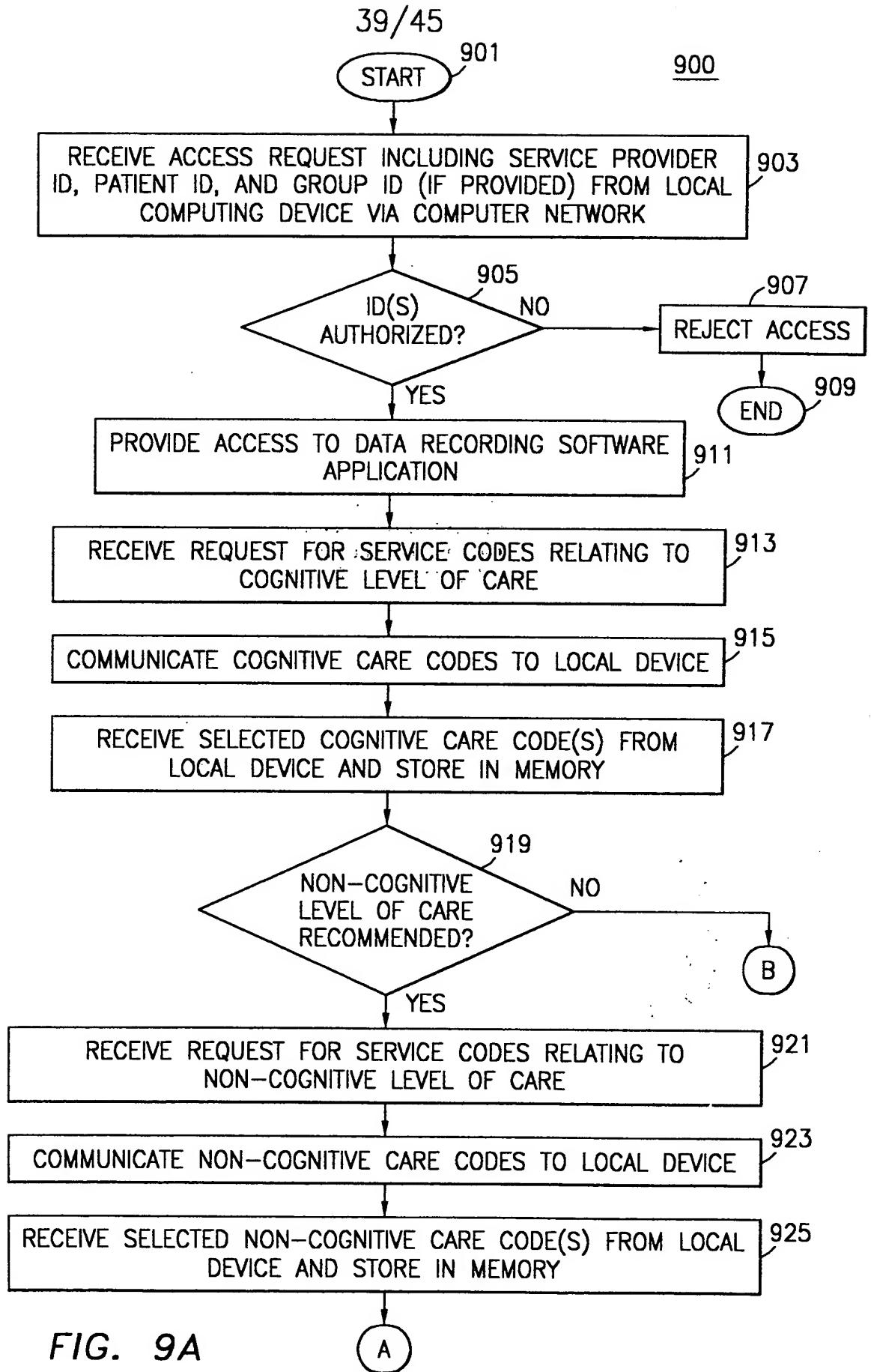


FIG. 9A

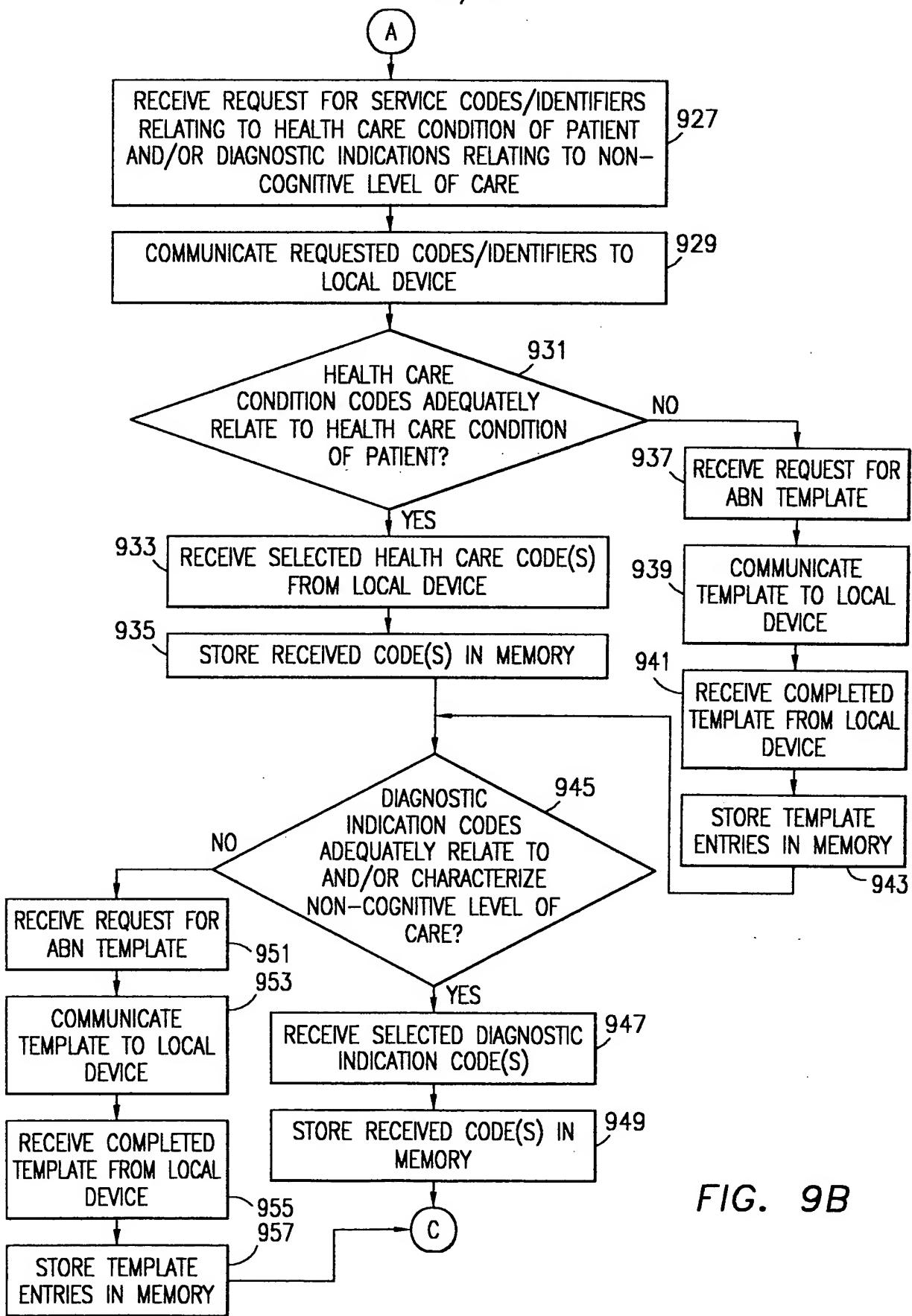
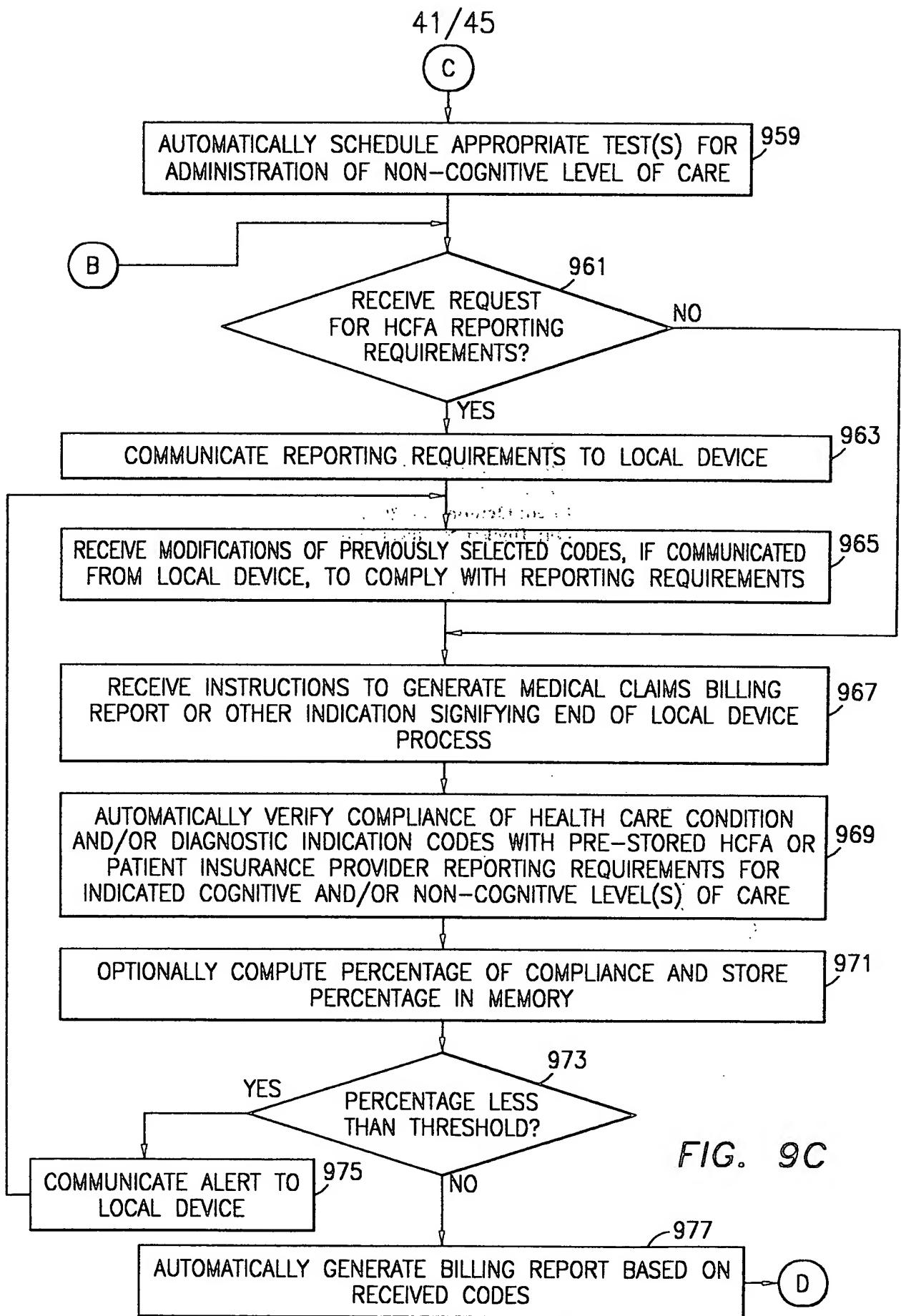


FIG. 9B



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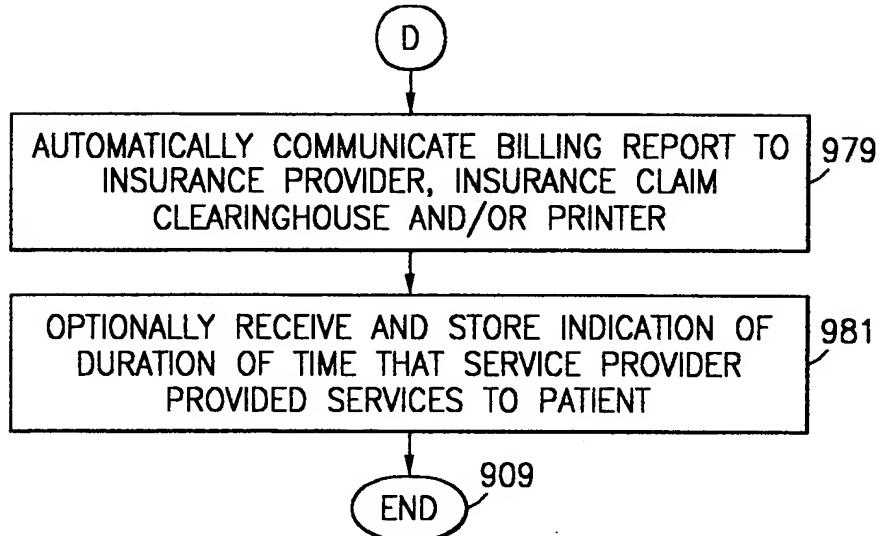


FIG. 9D

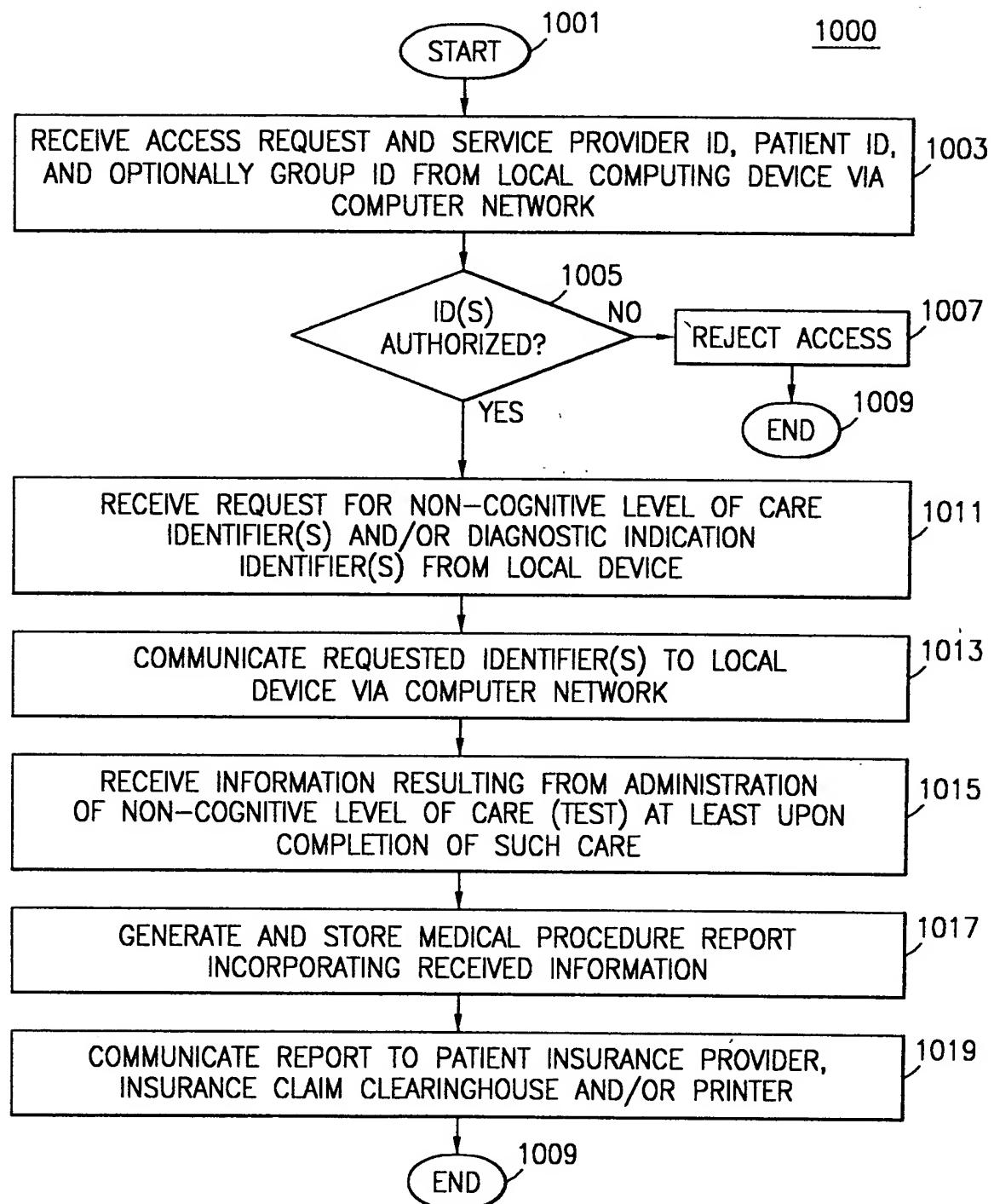


FIG. 10

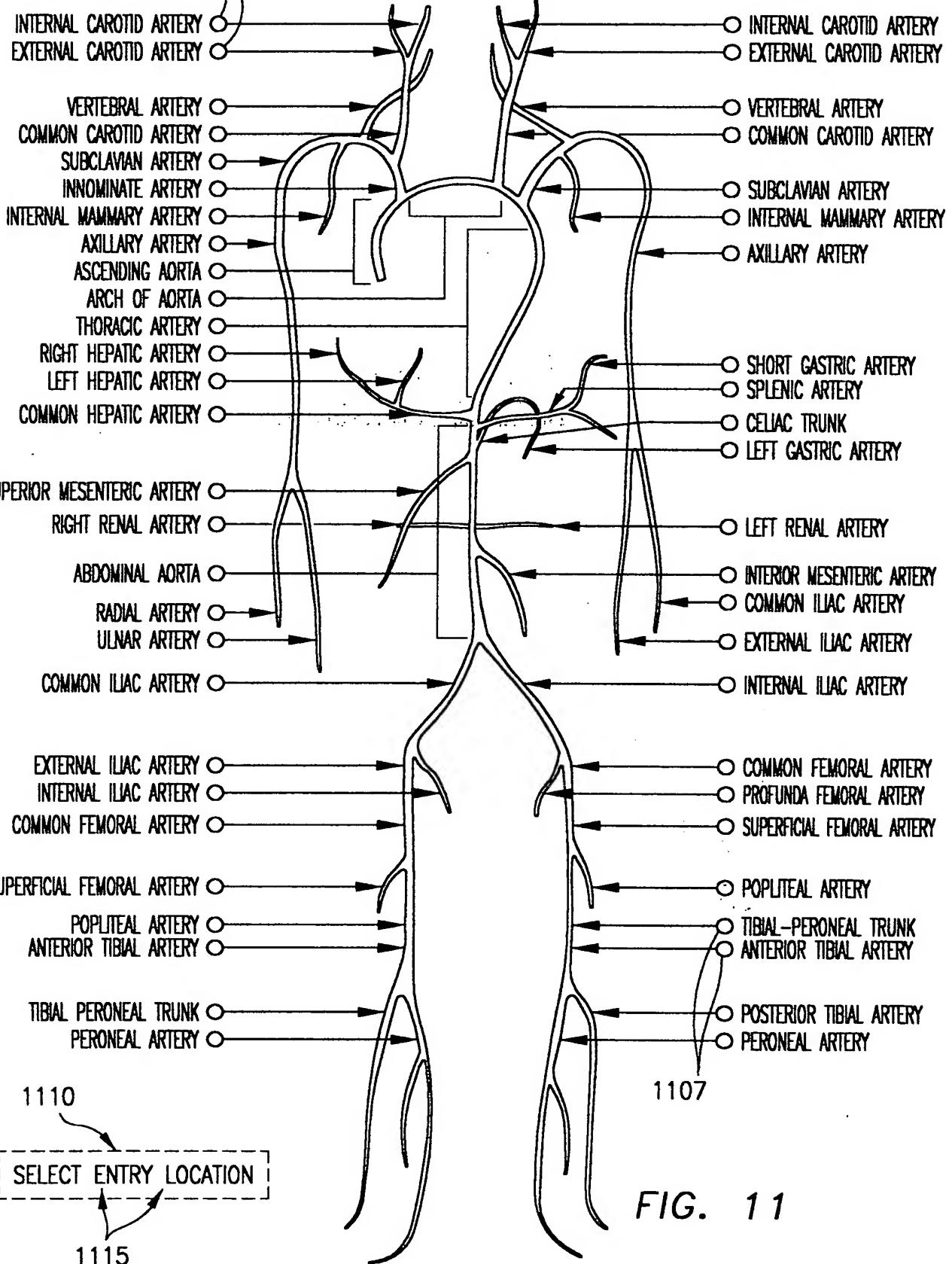
1104

1114
110744/45
ARTERIAL SYSTEM

1100

RIGHT

LEFT



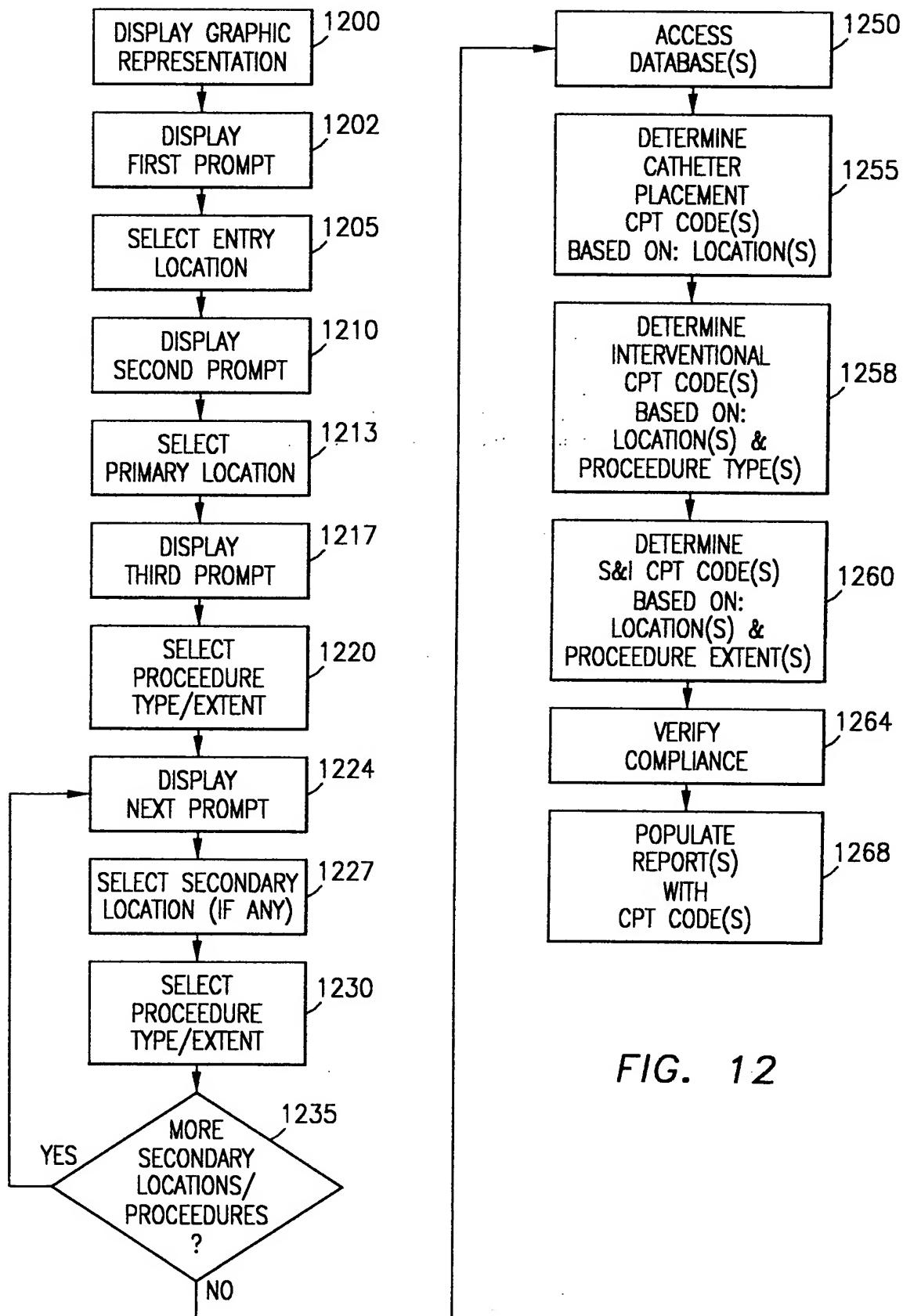


FIG. 12